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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (23 Aug 68) FOR OT RD 682341

30 August 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 68th
Medical Group, Period Ending 30 April 1968

SEE DISTRIBUTION
transmitted to
under Army Regulation 100-10

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided to insure that the Army realizes current benefits from lessons learned during recent operations.
3. To insure that the information provided through the Lessons Learned Program is readily available on a continuous basis, a cumulative Lessons Learned Index containing alphabetical listings of items appearing in the reports is compiled and distributed periodically. Recipients of the attached report are encouraged to recommend items from it for inclusion in the Index by completing and returning the self-addressed form provided at the end of this report.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham
KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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DEPARTMENT OF THE ARMY
HEADQUARTERS 68TH MEDICAL GROUP
APO 96491

AVBJ GD-PO

14 May 1968

SUBJECT: Operational Report of 68th Medical Group for Period Ending 30 April 1968, RCS CDFOR-65 (R1)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ PO
APO 96384

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

TEXT NOT REPRODUCIBLE

1. Section 1. Operations: Significant Activities.

a. Key Personnel. During the 90 day report period, Colonel Leonard Maldonado, MC served as Commanding Officer, 68th Medical Group. Lieutenant Colonel William J. Prescott, MSC as the Executive Officer and Sergeant Major Wallace C. Carey as the Group Sergeant Major.

b. Organization and Mission.

(1) In February 1968, the 68th Medical Group acquired nineteen (19) additional units that were formerly assigned to the 67th Medical Group. As a result, 68th Medical Group's area of responsibility is supported by four evacuation hospitals, two field hospitals, three surgical hospitals, one medical battalion, one clearing company, one air ambulance company, three air ambulance detachments, two ground ambulance companies, fifteen dispensaries, eight medical specialty teams, three ambulance bus detachments and one medical company, team AC.

(2) This headquarters engaged in medical support missions consistent with its assigned mission of command, control and staff supervision, providing Field Army Level Medical Service to forces of the United States, Free World Military and Military Assistance Programs Army of Vietnam. The 68th Medical Group, during the report period had responsibility for III and IV Corps Tactical Zones, or about 35% of the entire land mass of South Vietnam and 35% of the total authorized Army Level hospital beds. The following units were supported: 1st, 9th and 26th Infantry Divisions, 101st Airborne Division, 199th Light Infantry Brigade (Sep), 7th Armored Cavalry Regiment, 1st Australian Task Force and the Royal Thai Volunteer Regiment. Although

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the workload increased considerably during the report period, the professionalism and high quality of medical care remained unparalleled in the history of the Army Medical Service.

c. Improvements and Projects.

(1) During the month of February, a power survey of the Headquarters Detachment of the 68th Medical Group area was conducted by Pacific Architects and Engineers. It was determined that the thirty (30) KW generator serving the area was inadequate. PA&E provided a one hundred (100) KW generator which is maintained and operated by the 58th Medical Battalion. Units served by the new power are HHD, 68th Medical Group, HHD, 58th Medical Battalion and 1st Advance Platoon, 32d Medical Depot.

(2) The 68th Medical Group and assigned units continued an active and vigorous program to provide better protection for billets by utilizing dirt filled barrels and sandbags. Additional bunkers and revetments have also been built to provide better protection for hospital personnel and patients. Immediately following the TET Offensive, a concentrated effort was initiated group-wide to improve the physical security posture of each medical treatment facility. The optimum was achieved at the 24th and 93d Evacuation hospitals where revetments constructed of corrugated sheet metal with supporting wooden frames were filled with dirt. These projects were accomplished by U.S. Army Engineers and now provide added protection for many critical areas such as operating rooms, emergency rooms, pre-op wards, registrar, laboratory and patient wards.

(3) On 1 March 1968, a project was begun to remodel the headquarters building, 68th Medical Group. The project included installation of fluorescent lights, electric fans, construction of partitions and general beautification and expansion into the area formerly occupied by Team D, 222d Personnel Services Company. This project, accomplished mostly by self-help was completed on 15 April 1968.

(4) In early February 1968, the S3 Division was reorganized resulting in the creation of a statistics and medical regulating branch. With the new organization, administration and movement of patients has markedly improved.

d. Operations.

(1) A total of 108,906 patients were treated by 68th Medical Group facilities during the report period. 14,833 were classified as "in-patients" and 94,073 were classified as "out-patients". 3,174 of the "in-patients" were evacuated to other medical treatment facilities within country and 4,378 were evacuated out-of-country. Admission of patients for treatment of injuries as a result of hostile action were as follows: Army 3,797 and other

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Free World Military IRHAs totaled 1,902. The total IRHA patients admitted throughout the period were 5,699.

(2) During the reporting period, the 45th Medical Company (Air Ambulance) provided aeromedical support to United States Military Forces and such other Vietnamese and Free World Military Assistance Forces (FWMAF) personnel in the III and IV Corps Tactical Zones as directed by higher headquarters.

(3) With the attachment of the 57th, 82d and 159th Medical Detachments (RA) on 16 February 1968, the 45th Medical Company's geographical area of responsibility was expanded to include the entire III and IV Corps Tactical Zones. Effective support of this vast area dictated the relocation of the 3d Flight Platoon, 45th Medical Company to Vung Tau, RVN, the 4th Flight Platoon, 45th Med Co to Lai Khe, RVN and the stationing of standby coverage at Tay Ninh, Dau Tieng, Quan Loi, Dong Tam, Nui Dat and with the Riverine Forces.

(4) Operationally, the period following the Viet Cong Lunar New Year (TET) Offensive in late January and early February has seen a significant increase in the 45th Med Co's patient load. During the two month period preceeding TET, the average weekly patient load was 658 patients while the following two and one-half month period averaged 840 patients transported weekly. To exemplify the extra workload encountered by the unit during the two week TET Truce period, the patients transported between 26 January and 8 February totaled over 2600. This was accomplished despite the fact that 18 of the unit's aircraft received combat damage during this period.

e. Morale and Welfare.

(1) Awards and Decorations. The following awards and decorations were approved and presented to personnel of the 68th Medical Group during the period.

- (a) Silver Star - 7
- (b) Distinguished Flying Cross - 12
- (c) Soldier's Medal - 7
- (d) Legion of Merit - 2
- (e) Bronze Star - 62
- (f) Army Commendation Medal - 91
- (g) Air Medal - 160
- (h) Certificate of Achievement - 10
- (i) Purple Heart - 15

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(2) The following awards have been recommended and were pending as of 30 April 1968.

- (a) Silver Star - 2
- (b) Distinguished Flying Cross - 11
- (c) Legion of Merit - 13
- (d) Soldier's Medal - 1
- (e) Bronze Star - 19
- (f) Army Commendation Medal - 33
- (g) Air Medal - 79
- (h) Certificate of Achievement - 3
- (i) Purple Heart - 4

2. Section 2. Lessons Learned: Commanders' Observation, Evaluation and Recommendations.

a. Personnel.

(1) Infusion of Medical Officers.

(a) Observation: The program whereby medical officers, specifically 3100, D3139 and D3150 MOS are infused (reassigned) to combat divisions from this group has created administrative, professional, and operational problem areas.

(b) Evaluation: The effect this infusion program has on larger units such as evacuation, surgical and field hospitals is minimal when compared to the effect on those units assigned to the 58th Medical Battalion. The ten medical dispensary facilities of this battalion are commanded by medical officers and each dispensary has no more than two (2) doctors. Infusion of these personnel, which often includes the dispensary commander, produces a variety of problems, some of which are outlined below:

1 The loss of a commander or other medical officer, especially in a small dispensary usually results in the lowering of morale of personnel because of frequent commander or supervisor changes.

2 Generally, there is very little advance notification for the reassigned officer. Clearance procedures for such reassignments are hampered by the limited time frame and administrative and operational effectiveness of the dispensary is adversely affected in that a proper transition requires

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the presence of both the incumbent and his successor. This is seldom possible under the present program.

3 All dispensaries require the presence of at least one doctor, and in the case of larger dispensaries, a minimum of two (2) doctors is a necessity. Coverage of a given unit must be considered when the assigned doctor is in a leave, TDY, or MEDCAP status. Infusion of medical personnel to a field unit requires many more coverage responsibilities within the 58th Medical Battalion due to the number of dispensaries which must be operated.

4 The basic criterion established by USARV for officers going to a division is that they have a minimum of 6 months remaining in country, whereas products of the infusion program sent to the 68th Medical Group have, in the majority of cases, only 60-90 days remaining in country. During this short time, these individuals are expected to assume professional as well as command and administrative responsibilities.

(c) Recommendations: It is recommended that:

1 At least one (1) week overlap time be allowed for infusion reassignments in order that proper orientation and transfer of property can be effected.

2 Any medical officer assigned from the field to this Group have a minimum of five (5) months remaining in country, especially in those cases where a medical officer must assume command of a unit.

3 Medical officers be rotated from field units to Army level medical facilities only.

(2) Personnel Rotations.

(a) Observation: A large number of personnel rotations will occur within the 45th Medical Company (AA) during the months of July and August. A certain amount of difficulty and confusion can be foreseen in the transition of many of the key positions in the unit. Specifically, the 45th Medical Company will lose its commander, executive officer, operations officer, assistant operations officer, aviation safety officer, two platoon leaders, supply officer, maintenance officer, and a significant number of experienced aircraft commanders as well as many key non-commissioned officers within this short time.

(b) Evaluation: The problem is considered to be, in large measure, inherent in the movement of a large unit to a theater with a general personnel rotation date of one year. Although many personnel transfers have been made with other units in Vietnam this has not always been done with an eye to the key positions in the unit. Further, it appears that most of the personnel who will be filling these positions in the future will not arrive in sufficient time to be thoroughly oriented in their new jobs.

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(c) Recommendations: It is recommended that a continuing effort be made by higher headquarters to monitor personnel availability and rotation dates with the aim of avoiding similar situations in the future.

b. Operations.

(1) Communications Equipment.

(a) Observation: An unusually high number of repairs were experienced with the Collins Single Side Band Radio, (SSB, KWM-2A) during the past quarter.

(b) Evaluation. After much testing and evaluation by the Group Communications Sergeant and supporting signal maintenance technicians, it was determined that the major difficulty with the performance of the Collins Radio was due to voltage variation in the power source and overheating. The installation of a variac voltage regulator was helpful in maintaining the voltage at a constant level of 110 volts and rotary fans were utilized to maintain a "cooler" temperature inside the communications center and no further problems have been encountered.

(c) Recommendation: That variac voltage regulators and air conditioners be made available on a priority basis for units operating the Collins Radio in RVN. Air conditioners are authorized by USARV Reg 420-54.

(2) Armed Helicopter Escort for Hoist Operations.

(a) Observation: Division Aviation Officers of several support ground units have questioned the requirements for armed helicopter escort for each medical evacuation hoist operation. The point was made that many other support aircraft perform similar operations using Murphy Rigs (personnel harnesses) to insert and extract reconnaissance personnel into and out of jungle areas without armed ship escort and have been quite successful in this type of operation. It was also emphasized that many hoist missions are not necessarily performed in a hostile environment but are required as a result of an accident, illness, or other non-combat injury on the ground.

(b) Evaluation: The similarity between the insertion or extraction of reconnaissance personnel from jungle areas and medical evacuation hoist missions is considered to be minimal. While the former involves the transport of healthy individuals fixed to a 150 foot rope suspended from the helicopter during the entire mission, the hoist apparatus must be slowly lowered to the ground forces and raised slowly with a single patient only. As the recon operation requires only seconds over any particular area, a single hoist mission for three or four patients may entail up to one hour or more of continuous steady hovering above the jungle. This fact also negates the second question which mentioned that some hoist operations might not necessarily be for combat injuries and that the danger from hostile forces would not be present.

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It can be considered that any helicopter hovering for extended periods above any jungle area in the Republic of Vietnam can reasonably be expected to attract the enemy's attention after a period of time. Further, it can readily be seen that the ground force commander's limited visibility in the jungle does not normally permit him to accurately evaluate all surrounding areas which may be hostile and in plain view of personnel of the hovering helicopter.

(c) Recommendation: That the provisions of paragraph 2d(2), USARV Regulation 40-10, dtd 15 January 1968, be strictly followed. Armed helicopter coverage is essential for hoist operations.

(3) Requirement for Radio Contact with Ground Elements.

(a) Observation. Recently, several of the ground force units supported by the 45th Medical Company have questioned the requirement for direct radio contact between the medical evacuation helicopter and the individual on the ground at the pickup site. These units considered that contact with a command and control aircraft involved in the operation should be sufficient to guide the DUSTOFF aircraft into the pickup site and to act as radio relay to the unit at the site. The point was made that the command personnel in the command and control aircraft were more thoroughly oriented on the overall tactical situation than the personnel of any one element on the ground and could better coordinate the evacuation from their airborne vantage point.

(b) Evaluation: Command and control aircraft directing a particular operational area can certainly prove invaluable in the coordinating and expediting of medical evacuation operations from ground forces. The data and information on the overall tactical situation as well as the observation capabilities available to the aerial controller certainly qualifies him as a knowledgeable entity for the provision of pertinent information concerning the salient points of the ground units requirements. However, it must be realized that only the man on the ground at the proposed pickup site is able to give instantaneous reports of any unforeseen changes in the tactical situation. In a case where a ground unit were to suddenly come under heavy hostile fire while the medical evacuation aircraft was on final approach, the results could prove disastrous if the ground commander were forced to relay such information to DUSTOFF aircraft through another station.

(c) Recommendation: That no change be instituted from current policy. That direct radio contact with the ground force commander located at the pickup point be considered essential prior to initiating an approach for a medical evacuation mission from a tactical area. Command and control aircraft should be utilized to the fullest insofar as area orientation and coordination is concerned, but should not be considered as a substitute contact for the individual at the landing site.

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(4) Operation of Radio Security Equipment, TSEC KY-28, on Medical Evacuation Aircraft.

(a) Observation. Anticipating the installation of Radio Security Equipment, TSEC KY-28, on the FM ARC-54 tactical radios of all unit aircraft, several questions have arisen as to the actual means of operations with ground units after its installation. Specifically, the scrambling codes of the equipment may change from unit to unit, making radio contact with a particular force impossible unless the code is given with the evacuation request. This implies further problems when faced with an area support situation, in which codes may change frequently throughout any given tactical zone. In certain cases it could prove to be all but impossible to learn a unit's code due to the fact that radio contact is not possible without the code.

(b) Evaluation: Coordination with the Signal Officer, 12th Combat Aviation Group, has revealed that the 45th Medical Company's problems in this area, were not unique as the 12th Combat Aviation Group is also required to provide widespread area coverage for many different II Field Forces units as well as ARVN and FWMAF. Present plans indicate that all units subordinate to II Field Forces Vietnam plan to change their communications operational scrambling code frequently. The 12th Combat Aviation Group was also able to provide information that the equipment does have a clear channel for use in the event of scrambler malfunction or improper coordination between communicator.

(c) Recommendation: That the 45th Medical Company (AA) be apprised continually of TSEC KY-28, code changes and other information concerning which units may or may not be utilizing this equipment. Recommend further that the equipment's clear channel be made available as an emergency medical evacuation channel in the case of lost communications through the scrambling equipment.

(5) Inaccurate Classification of Patient Priorities.

(a) Observation: There have been many cases of gross misclassification of patients on medical evacuation requests involving personnel of the Army of the Republic of Vietnam (ARVN).

(b) Evaluation. In some areas, evacuation requests with wide variations between numbers and types of casualties reported as opposed to those actually present are a routine occurrence. In many instances, just the presence of blood seems to qualify a patient for an urgent classification. Other distortions of the request system have included such discrepancies as calling in an urgent request for one to two WHA personnel when the actual requirement was for up to ten KHA personnel. Many missions are never cancelled once the patient (who is picked-up by another type aircraft, i.e., resupply ship, command and control ship. Some commands have also apparently decided that DUST-OFF will not pick-up their wounded personnel unless they indicate in their request that the patient is an urgent head case, regardless of the actual nature of his wounds/injuries.

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(c) Recommendation: That higher medical headquarters effect close coordination with the Military Advisory Command (MACV) personnel controlling the advisors operating with ARVN units in the III and IV Corps areas. The US advisor on the ground must realize that the response of the air ambulance unit supporting him can be at its highest efficiency only when the information supplied is both timely and accurate. The advisor must personally certify the urgency of patients being evacuated as well as accurate classification.

c. Training.

(1) Collocation of Rifle Range with other Training Facilities.

(a) Observation: A local and readily accessible rifle range and a CBR gas chamber are considered essential if units serving in the combat zone are expected to fulfill requirements as set forth in existing training regulations.

(b) Evaluation: Units tasked with the responsibility to provide medical care and treatment for combat illnesses and battlefield wounds are required to devote long, tedious and difficult hours to ensure prompt, efficient and continuous medical service. The establishment of a rifle range and CBR gas chamber within a reasonable distance from the "user" would ensure a minimal amount of lost-time from the job; transportation requirements could thus be consolidated and a maximum number of personnel would achieve the standards required by current training regulations.

(c) Recommendation: A rifle range and a CBR gas chamber should be collocated locally to allow units to comply with existing training requirements.

d. Intelligence. NONE

e. Logistics.

(1) Requirements for Float Aircraft.

(a) Observation: With the present aircraft field maintenance and aircraft parts supply channels now available to the 45th Medical Company (AA), it appears that an additional six to ten float aircraft must continuously be made available in order to maintain even a minimum acceptable availability figure.

(b) Evaluation: Recent aircraft availability figures indicate that, with the TOE authorization of 25 aircraft assigned, only 47-50% of these aircraft can be flyable at any given time. This situation appears to stem from the vastly increased workload within the past three months as well as an increasing incidence of combat damage during the period. Considering the normal figure of 11 to 13 aircraft commitments per day for the company, this level of availability will not allow even the minimum adequate coverage for the

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SUBJECT: **Operational Report of 68th Medical Group for Period Ending 30 April 1968, RCS CSFOR-65 (R1)**

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required medical evacuation area assigned. Experiences with the assignment of float aircraft have been favorable. With the addition of six to eight float aircraft, the normal availability figure has been increased to an average of 65-70% of assigned aircraft in a flyable status. Although this figure is still not in strict accordance with recommended Army-wide standards, it does permit a degree of flexibility which is required for accomplishment of the mission to include contingency standbys.

(c) Recommendation: That the 45th Medical Company (AA) continue to be authorized the assignment of some six to ten float aircraft from field maintenance facilities. This figure could conceivably be lowered substantially in the event that average aircraft "down time" for field maintenance and aircraft parts indicate a significant decrease.

(2) Organizational Clothing and Equipment.

(a) Observation: Individuals are arriving at 68th Medical Group units without TA 50-901 clothing and equipment when transferred from units within RVN. Individuals are arriving in RVN without proper clothing and allowance, i.e.

1 Coat, Tropical 4 each.

2 Trousers, Tropical 4 each.

3 Boots, Tropical 1 pr.

4 Coat, W/R OG 107 1 each.

(b) Evaluation: Arrival of individuals without the proper TA 50-901 clothing and equipment has created supply and issue problems which the unit is not equipped to handle.

(c) Recommendation: Emphasis must be placed through command channels to insure that all in country units comply with USARV Reg 735-1, para 5, dated 24 January 1968, as pertains to the issue and transfer of individuals clothing and equipment. Individuals arriving from CONUS be screened at replacement depots to determine that they have been issued necessary clothing and equipment as required by AR 700-8400-1, ch 19, app 4.

(3) Replacement of Combat - LOSS ITEMS.

(a) Observation: The 45th Medical Company (Air Amb) has been receiving rejections, (CA-CQ) on requisitions for items that are replacement for combat losses.

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(b) Evaluation: The items on the following requisitions are not listed in unclassified letter, AVCA-ICC-50MID, Headquarters, 14th Inventory Controlled Class II and IV items.

1 Revolver, .38 cal., FSN 1005-726-5687

RQ # 02/8043-003-----4 each (unit requisition)

AT 8033-8044/0126

"CQ", WRR (506th Fld Depot)

2 Pistol, Pyrotechnic, FSN 1095-726-5820

RQ # 02/8043-004-----1 each (unit requisition)

AT 8033-8017/0005

"CQ", WRR WRZ, (14th ICC)

3 X Radio Set, URC-10, FSN 5820-777-7293

RQ # 02/8015-002-----2 each (unit requisition)

AT 8033-8017/0005

"CQ", WRZ, (14th ICC)

(c) Recommendation: Recommend that a listing of command controlled items, class II and IV be published more frequently and that such listing be distributed to unit level. If this is not accomplished, subordinate units have no means of determining the particular classification of needed items.

f. Organization. NONE

g. Other. NONE

1 Inclosure
Organizational Chart

Leonard Maldonado
LEONARD MALDONADO
Colonel, Medical Corps
Commanding

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AVBJ-PO (14 May 1968) 1st Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period
Ending 30 April 1968 (RCS CSFOR-65) (R1) (68th Medical Group)

HEADQUARTERS, 44th Medical Brigade APO 96384 12 July 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

1. The contents of the basic report have been reviewed.
2. The following comments pertaining to the observations, evaluations and recommendations in Section 2 of the report are submitted:
 - a. Reference paragraph 2a (1). Concur in part.. Assignments in consonance with these recommendations are made to the maximum extent possible. However, limitations of available personnel and unprogrammed losses sometimes interrupt prearranged plans. Medical groups have a capability of controlling this as personnel levies from higher headquarters are not by name or unit. There is no objection to assignment of the individual concerned to a hospital.
 - b. Reference paragraph 2a (2). Concur. This headquarters makes every effort to reduce rotational humps.
 - c. Reference paragraph 2b (1). Concur. The utilization of variac voltage regulators and air conditioning provides improved performance of radios. Both items are authorized and are being obtained on an individual group basis.
 - d. Reference paragraph 2b (2). Concur. In addition to the prolonged time required to prepare patients on the ground for hoisting to the aircraft, air ambulances are unarmed except for small arms assigned to crew members. Armed helicopters are required to provide suppressive fire support during this period of vulnerability.
 - e. Reference paragraph 2b (3). Concur. Every effort has been made to simplify communications procedures involved in aeromedical evacuation. To the extent possible, communications should be direct between the air ambulance commander and the individual on the ground as information about the landing zone is usually more reliable when furnished in this manner. Command and control aircraft can provide valuable assistance in the initial phases of the evacuation and, in particular, when the medical aviators are not familiar with the area of operations.
 - f. Reference paragraph 2b (4). Concur. Command action at the unit level is required to obtain the necessary code changes and

AVBJ-PO (14 May 1968) 1st Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period
Ending 30 April 1968 (RCS CSFOR-65) (R1) (68th Medical Group)

establish proper coordination. The use of the clear channel for emergency medical evacuation requests enhances the performance of life saving evacuation missions.

g. Reference paragraph 2b (5). This item is considered inappropriate as a lesson learned and should not have been included in this report. Evacuation policies, priorities and procedures are established in USARV Regulation 40-10. Non-compliance with this regulation should be documented by unit commanders concerned and forwarded through command channels for corrective action.

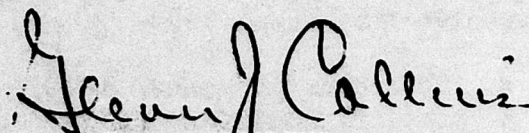
h. Reference paragraph 2c (1). Concur. Colocation of major training facilities within reasonable proximity to using units would reduce transportation requirements and non-productive time.

i. Reference paragraph 2e (1). This item is considered inappropriate as a lesson learned and should not have been included in this report. The requirement for float aircraft has been recognized by this headquarters and the 34th General Support Group and the float aircraft currently on hand in the 45th Medical Company are intended to remain in the unit inventory as long as the need exists.

j. Reference paragraph 2e (2). Concur. Individuals reporting with all their equipment will greatly reduce the logistical problems within units.

k. Reference paragraph 2e (3). Non-concur. None of the items listed is a Command Controlled item. "CQ" advice status also means the unit neglected to put exception data on requisitions. The unit should screen its requisitions to insure the inclusion of all data required on requisitions.

TEL: LBH 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

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AVHGC-DST (14 May 68) 2d Ind CPT Arnold/dls/LBN 4485
SUBJECT: Operational Report of 68th Medical Group for Period Ending
30 April 1968, RCS CSFOR-65 (R1)

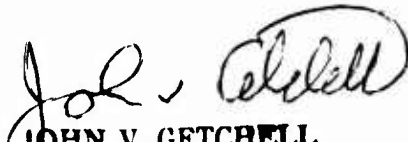
HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 12 JUN 1968

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 30 April 1968 from Headquarters, 68th Medical Group.

2. Concur with report as submitted.

FOR THE COMMANDER:


JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

Cy furn:
HQ 44th Med Bde
HQ 68th Med Gp

GPOP-DT (14 May 68) 3d Ind

SUBJECT: Operational Report of HQ, 68th Med Gp for Period Ending
30 April 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 15 AUG 1968

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding indorse-
ments and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:


C.L. SHORTT
CPT, AGC
Asst AG

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Inclosure 1 to 68th Med Gp ORILL, dtd 14 May 68

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DOCUMENT CONTROL DATA - R & D

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CO, 68th Medical Group			
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